

Decreasing Prematurity and Improving Birth Outcomes: State Health Leadership and National Partnerships

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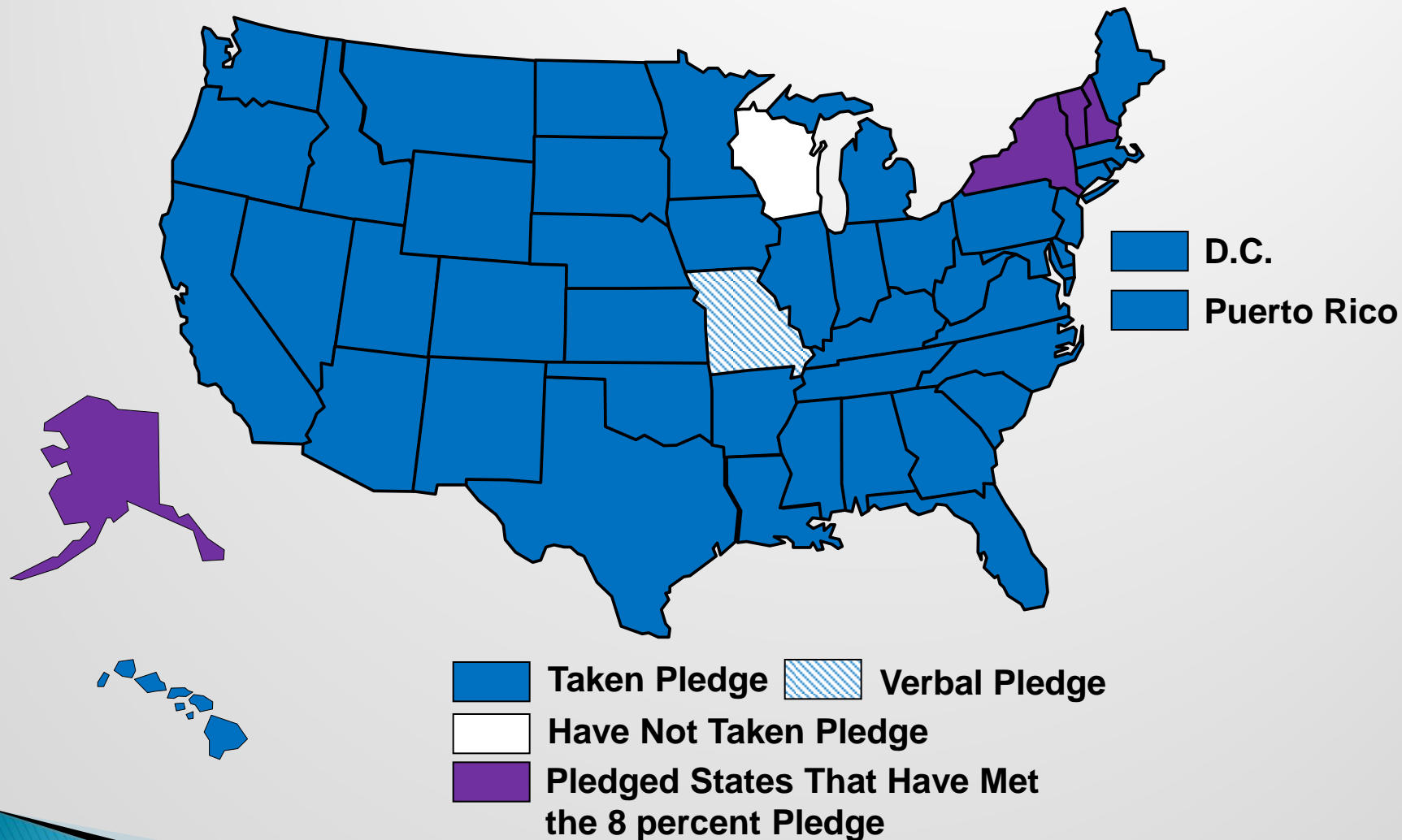


Background & Key Developments

- ▶ **Spring 2010:** State Health Officials in South commit to regional effort to reduce infant mortality and prematurity
- ▶ **December 2010:** Letter to Secretary Sebelius and meeting with HRSA Administrator Wakefield
- ▶ **October 2011:** David Lakey, MD (TX) issued ASTHO's Healthy Babies Presidential Challenge
- ▶ **January 2012:** HRSA Summit for Regions IV & VI
- ▶ **March 2012:** ASTHO-March of Dimes Partnership Launch
- ▶ **July 2012:** HRSA Regions IV & VI Collaborative Innovation & Improvement Network (COIIN)
- ▶ **March 2013:** HRSA Region V COIIN launch

49 States Have Taken the Pledge

Pledge to Reduce Prematurity by 8 percent by 2014



Kentucky

Healthy Babies are Worth the Wait


- ▶ Partnership with the March of Dimes/ Johnson and Johnson/state wide groups
- ▶ 3 Pilot Sites, now expanding throughout the state
- ▶ Target - a 15 percent reduction in preterm births in intervention sites
- ▶ Multiple interventions and partners
 - — providers, public, patients

Healthy Babies ARE WORTH THE WAIT®

— A Prematurity Prevention Partnership —

If your pregnancy is healthy, it's best if your baby is born at 40 weeks.

A baby's brain at 35 weeks weighs only two-thirds of what it will weigh at 40 weeks.



35 weeks 40 weeks

march of dimes®
pregnancy & newborn
health education center™
marchofdimes.com

- In the last six weeks of pregnancy, your baby's brain adds connections needed for balance, coordination, learning and social functioning. During this time, the size of your baby's brain almost doubles.
- Babies born early have more learning and behavior problems in childhood than babies born at 40 weeks.
- Babies born early are more likely to have feeding problems because they can't coordinate sucking, swallowing and breathing as well as full-term babies.
- Babies born early are likely to have breathing problems, like apnea. Apnea is when a baby stops breathing.
- Babies born early are more likely to die of sudden infant death syndrome (SIDS). SIDS is when a baby dies suddenly and unexpectedly, often during sleep.

To order our catalog or multiple copies of our materials, call 1-800-367-4430, #37-2221-437. Late Preterm Brain Development Card 1/08.

March of Dimes materials are for information purposes only and are not to be used as medical advice. Always seek medical advice from your health care provider. Our materials reflect current scientific recommendations at time of publication. Check marchofdimes.com for updated information. Modeled after a fetal brain card developed by the Healthy Babies Are Worth the Wait™ initiative.

© March of Dimes Foundation, 2008

Oklahoma

Every Week Counts

- ▶ Began recruiting hospitals for voluntary "hard stop" effort in January, 2011
- ▶ Currently have 55 of 59 birthing hospitals enrolled, affecting 95 percent of births
- ▶ 70 percent reduction in rate of induction <39 weeks without medical indication

Texas

Healthy Texas Babies

- ▶ Medicaid no longer pays for non-medically indicated labor inductions prior to 39 weeks (HB 1983)
 - After training, 48 hospitals have seen a decrease from 35 percent in March 2012 to 3.5 percent in August 2012
- ▶ Launched www.somedaystartsnow.com, a pre- and interconception and healthy pregnancy website for women, men, and parents to be.
 - Includes an outreach campaign on father/male involvement (HB 824)

States to Watch

- ▶ **Georgia - Working with hospitals**

77 percent of hospitals signed on to a project with their Hospital Engagement Network and the Hospital Association to eliminate deliveries prior to 39 weeks or to work to decrease significantly*

- ▶ **Louisiana - Partnership between DHH, LA Medical Society, LA Hospital Association, LA ACOG, and all state birthing hospitals**


- Participating physicians receive premium reductions in malpractice insurance
- One hospital: 20 percent reduction in NICU admissions

**hospital chooses hard stop or work to decrease number*

States to Watch

- ▶ **New Mexico - Changing Medicaid payment policy** starting April 1, 2013, Medicaid claims for elective deliveries prior to 39 weeks will be denied. After which all paid claims will be subject to audit and retrospectively recuperated.

www.astho.org/healthybabies/



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PRESIDENT'S CHALLENGE 2012: HEALTHY BABIES


In September 2011, ASTHO President David Lakey (TX) [President's Challenge: the Healthy Babies Initiative](#). His challenge is to improve birth outcomes by reducing infant prematurity in the United States. Specifically, the goal is prematurity in the United States by 8% by 2014. State and local health agencies can make an incredible impact in this area, and these pages are designed to help. The resources are categorized by lifecycle stage, as depicted in the images below, including [Preconception](#), [Prenatal](#), [Birth to 28 Days](#), and [First Year](#). Resources include Policy Resources, Community Resources, Organizational Resources, Health IT Resources, Health Communication Resources, and Self-Management Resources.

PRECONCEPTION



BIRTH TO 28 DAYS

PRENATAL




FIRST YEAR

PRECONCEPTION



BIRTH TO 28 DAYS

PRENATAL



FIRST YEAR



BIRTH TO 28 DAYS

FIRST YEAR

www.astho.org/healthybabies/

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PRENATAL



Policy Resources

Legislation on Induced Labor Prior to 39 Weeks Gestation
Many states are creating policies or legislation to have a hard against non-medically necessary inductions and C-sections p weeks gestation. (TX)

Case Management Payments
In some states, Medicaid and CHIP recipients are enrolled in management. (WI)

Universal Risk Screening
Universal risk screening for all women and newborn infants a state can create a healthy start for the family. (FL)

[See all Policy Resources »](#)

[Community Resources](#)

[Organizational Resources](#)

[Health Information Technology](#)

[Healthcare Provider Resources](#)

PRENATAL



Policy Resources



Community Resources



Organizational Resources



Health Information Technology



Healthcare Provider Resources



Self Management Resources



Lessons to Improve Health Outcomes

- ▶ Capitalize on common goals and strategies of multiple national initiatives
- ▶ **Actively engage executive leadership:**
 - Businesses, hospitals, health care providers, public health, Medicaid, insurance, associations, others
- ▶ Assure focus on health equity
- ▶ **Calculate cost impact and connect with other data resources to build system and guide work**
- ▶ Coordinate partnerships with stakeholders and focus on common goal

ASTHO Resources

- ▶ ASTHO President's Challenge on Healthy Babies:
<http://www.astho.org/healthybabies/>
- ▶ ASTHO Library of Healthy Babies Best and Promising Practices:
<http://www.astho.org/healthybabies/>
- ▶ ASTHO Health Equity Videos:
<http://www.astho.org/Programs/Health-Equity/Health-Equity-Videos/>

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Reducing Infant Mortality: Engaging Hospitals in Public Health Initiatives

LaWanna Halstead, RN, MPH

Oklahoma Hospital Association

Barbara O'Brien, RN, MS

OUHSC, Office of Perinatal Quality Improvement





Statewide initiative to reduce Oklahoma's infant mortality rate



Preparing for a Lifetime

It's Everyone's Responsibility





- In 2009, identified additional outside key partners - some of which were

HOSPITALS



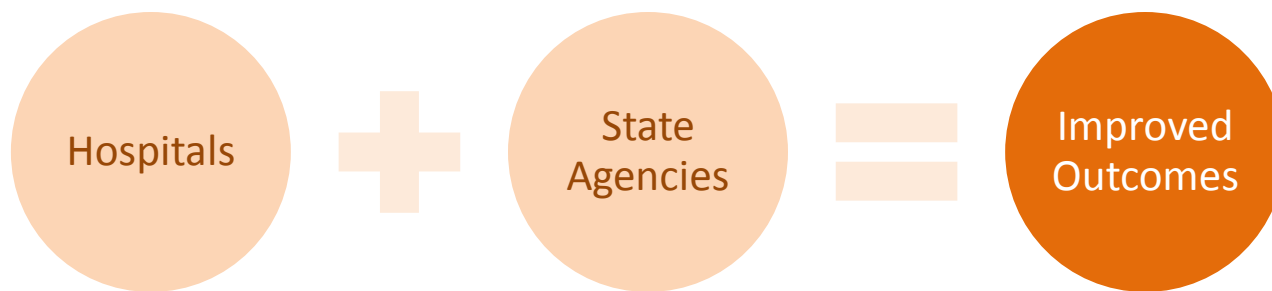


State
Agency



Hospitals





Oklahoma Hospital-Based Activities to Impact Infant Mortality

- Every Week Counts
- Breastfeeding
 - Oklahoma Breastfeeding Education Project
 - Oklahoma Baby-Friendly Initiative
- Period of Purple Crying Program®
- Infant Safe Sleep
- Tobacco Cessation



How did Oklahoma engage hospitals?

- Identified Partners
- Convened Partners
- Identified low hanging fruit
- Obtained buy-in

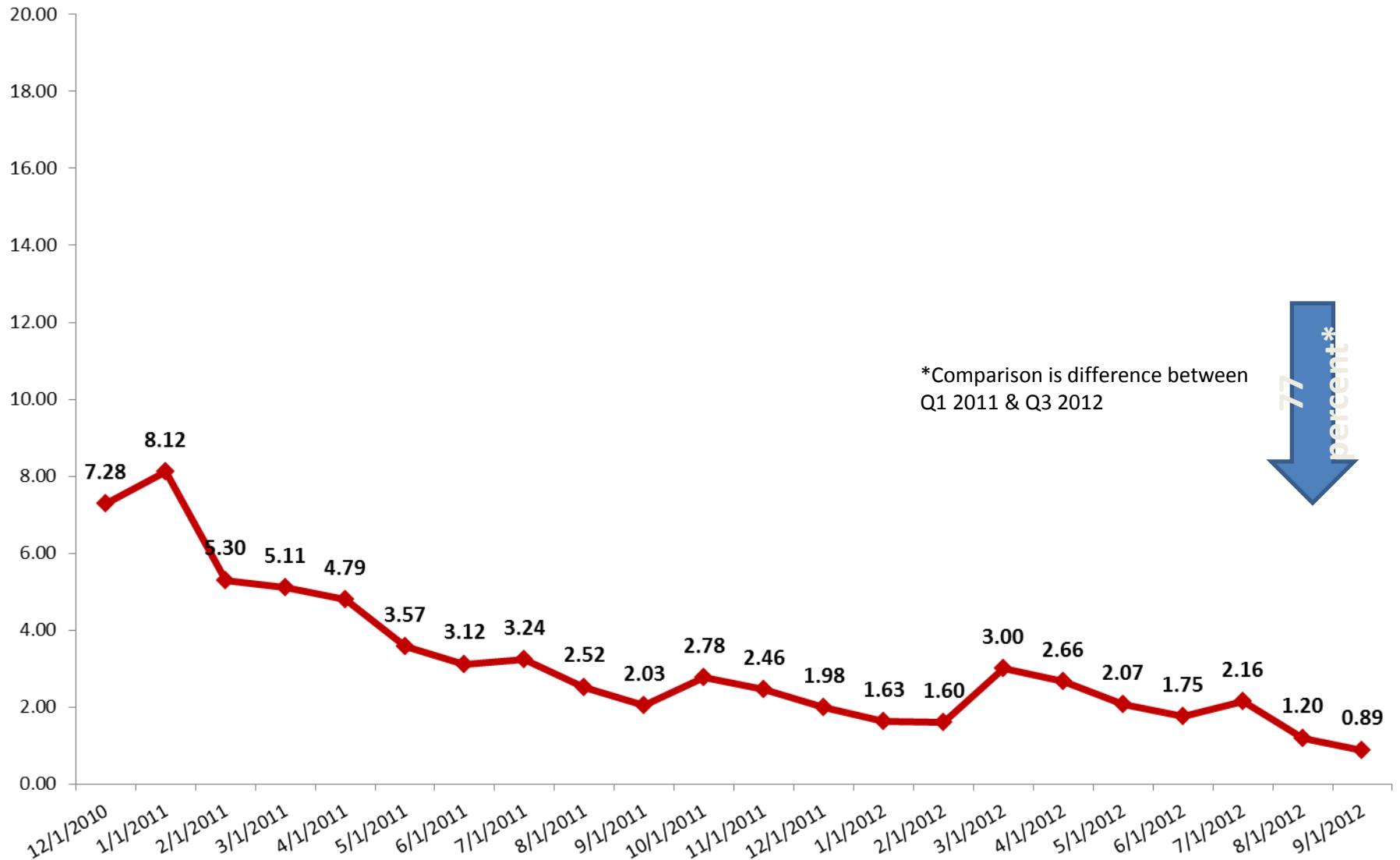


Every Week Counts

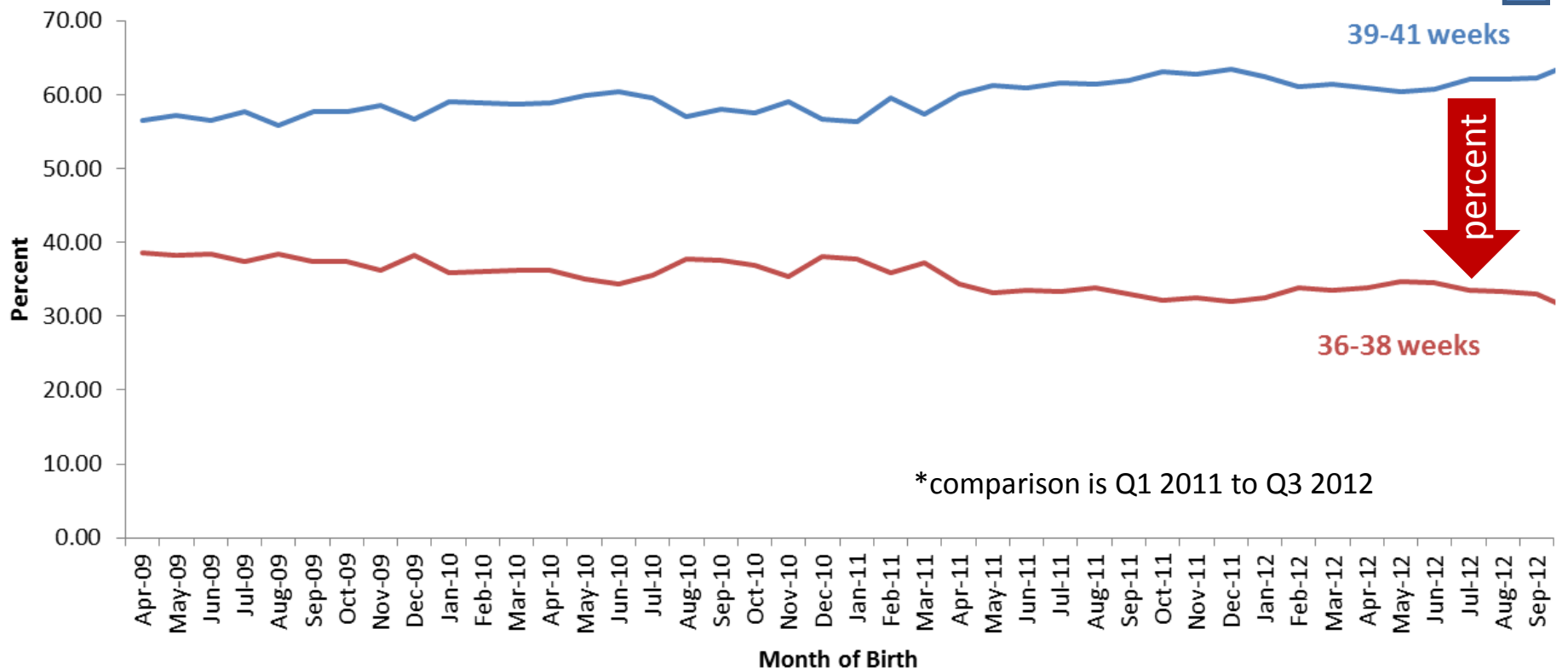
- Statewide collaborative to eliminate non-medically indicated scheduled cesareans and inductions prior to 39 weeks
 - **PARTNERS:**
 - Oklahoma birthing hospitals (52 out of 59)
 - Oklahoma Hospital Association
 - OUHSC Office of Perinatal Quality Improvement
 - March of Dimes-state chapter
 - Oklahoma State Department of Health/Maternal and Child Health Title V Program



Scheduled C-Sections AND Inductions <39 Weeks WITHOUT a Documented Indication - as percentage of Total Deliveries



Percent of births delivered 39-41 weeks and 36-38 weeks by month of birth: Oklahoma, April 2009 to Oct 2012



*comparison is Q1 2011 to Q3 2012

Provisional Data

How do YOU get hospitals to work with you?

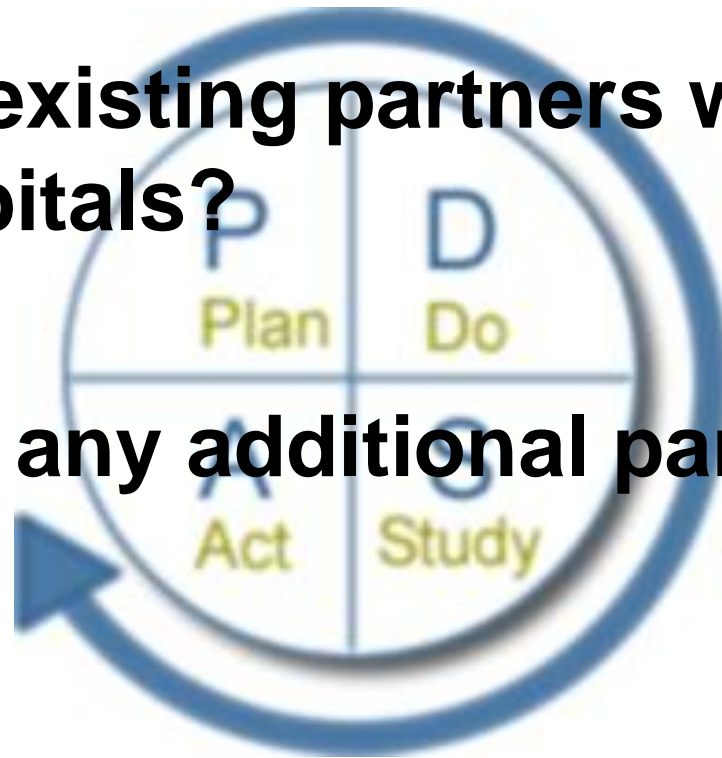


What public health issues can hospitals influence



Identify and Convene Partners

- **Who are existing partners who work with hospitals?**
- **Are there any additional partners?**



What existing relationships can facilitate a connection?

- Doctors
- Nurses
- Community leaders
- Others?



What's In It for the Hospitals?

- Issue that is meaningful to hospital staff
 - What issue does a physician or nurse face every day?
 - What aspects are they required to report?
 - Create motivation to work together with other hospitals to change



What's In It for the Hospitals?

- Short Term:
 - Data support
 - Aggregate data for comparison
 - Provision of resources
 - Working together as a collaborative
 - Financial support
 - Technical assistance
 - Creation of network/community
 - Policy development
 - Reporting
 - Positive reputation in the community



What's In It for the Hospitals?

- Long Term:
 - Financial
 - Reimbursement
 - Public reporting
 - Population management
 - Change in culture



How do you help them?

- Provide support and resources
- Provide leadership
- Convene
- Financial support
- Public awareness
- Others?



Key Factors for Success

• **PARTNERSHIPS**

- Collaborative approach-working together rather than alone
 - Data-supports need, provides information, illustrates improvement and opportunities for improvement, comparative data
 - Voluntary approach without regulation
 - Continued information on national/statewide efforts
 - Executive support
 - Feature national leader speakers at meetings
 - Networking opportunities
 - Using available resources
-
- Created community of perinatal providers with will to improve birth outcomes together



Lessons Learned

- Engage all types of hospital staff-nursing, medical, quality, executive, administrative
- Space interventions so hospitals are not overwhelmed
- Continue to engage to sustain activities
- Continue to connect public health issue to the hospital
- Anticipate resistance-develop strategies to meet resistance
- Provide individualized strategies
- DATA, DATA, DATA-use it to inform
 - Timely data is what will drive the work
- Success ultimately depends on belief in process



What issues can YOU start with?

Force Field Diagram



Force Field Diagram

Positive Forces

Negative Forces

Stated Goal

Current Situation



Every Week Counts Force Field Diagram

Positive Forces

- Improved maternal and neonatal outcomes
- ↓ cost for families, hospitals, payers
- Building public awareness
- Momentum at national, state local level
- Available resources
- Partnerships with relevant organizations with like cause
- Funding from MOD, OSDH Title V

Negative Forces

- Convenience of mothers/providers/hospitals
- Provider resistance
- Lack of public awareness of risks
- Lack of public and provider awareness on impact of poor outcomes
- Increased emotional cost
- Perverse incentives regarding reimbursement

Non-medically indicated scheduled deliveries at < 39 weeks will ↓ by 50 percent

~6 percent of non-medically indicated scheduled deliveries are at < 39 weeks



What will you do by next Tuesday?



Questions?

LaWanna Halsted-Vice President Quality/Clinical
Initiatives

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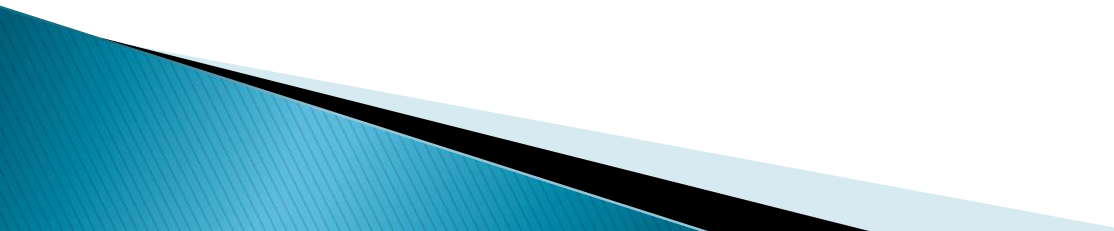


TN Efforts to Reduce Infant Mortality and Improve Birth Outcomes

Michael D. Warren, MD MPH FAAP
Division of Family Health and Wellness



Disclosures

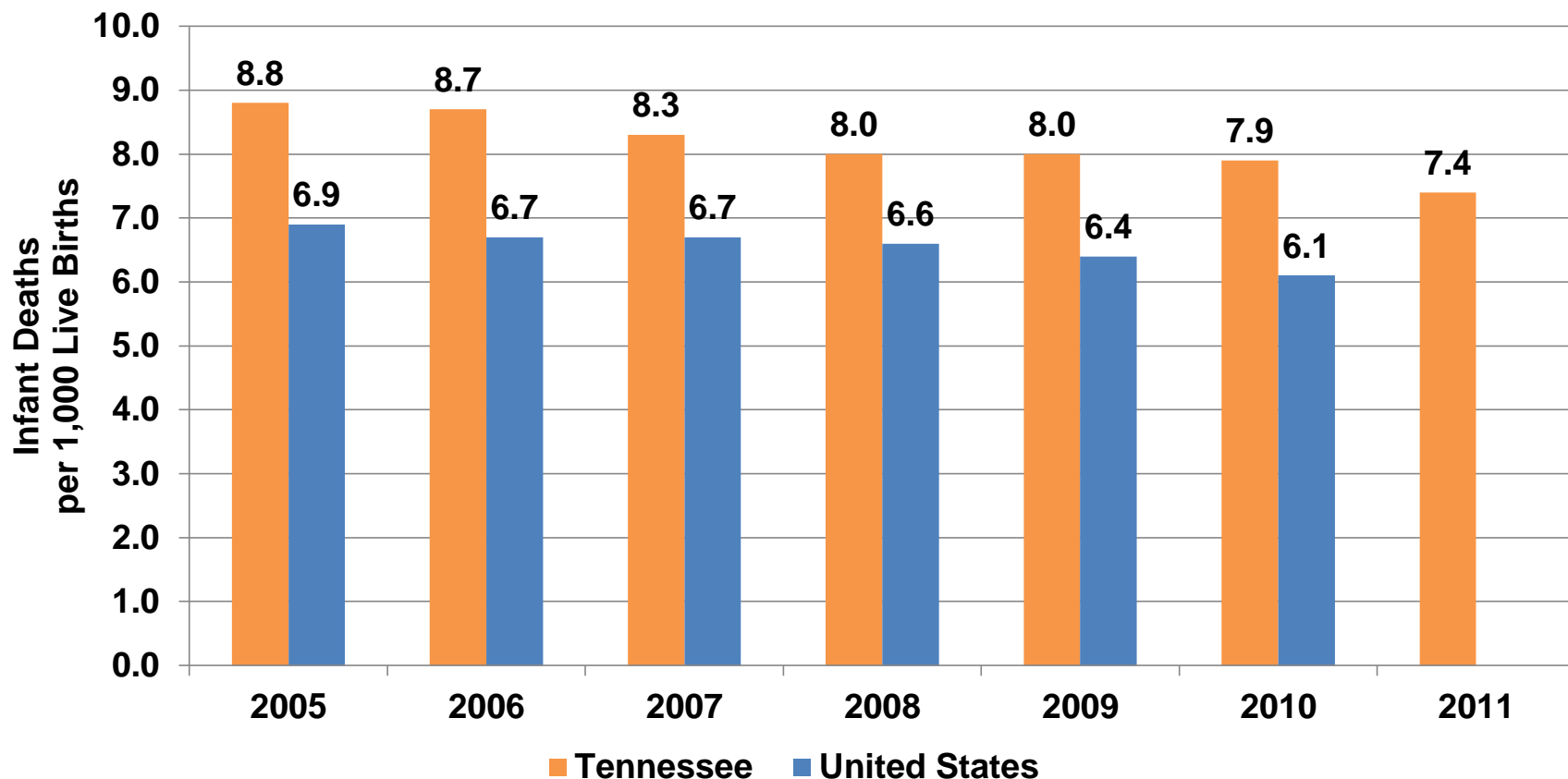
- ▶ **I have no relevant financial disclosures.**
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Objectives

- ▶ At the end of this presentation, the learner will be able to:
 - Describe how Tennessee used data from the statewide Child Fatality Review process to develop a Safe Sleep campaign
 - Identify key stakeholders in Tennessee's partnership to reduce early elective deliveries

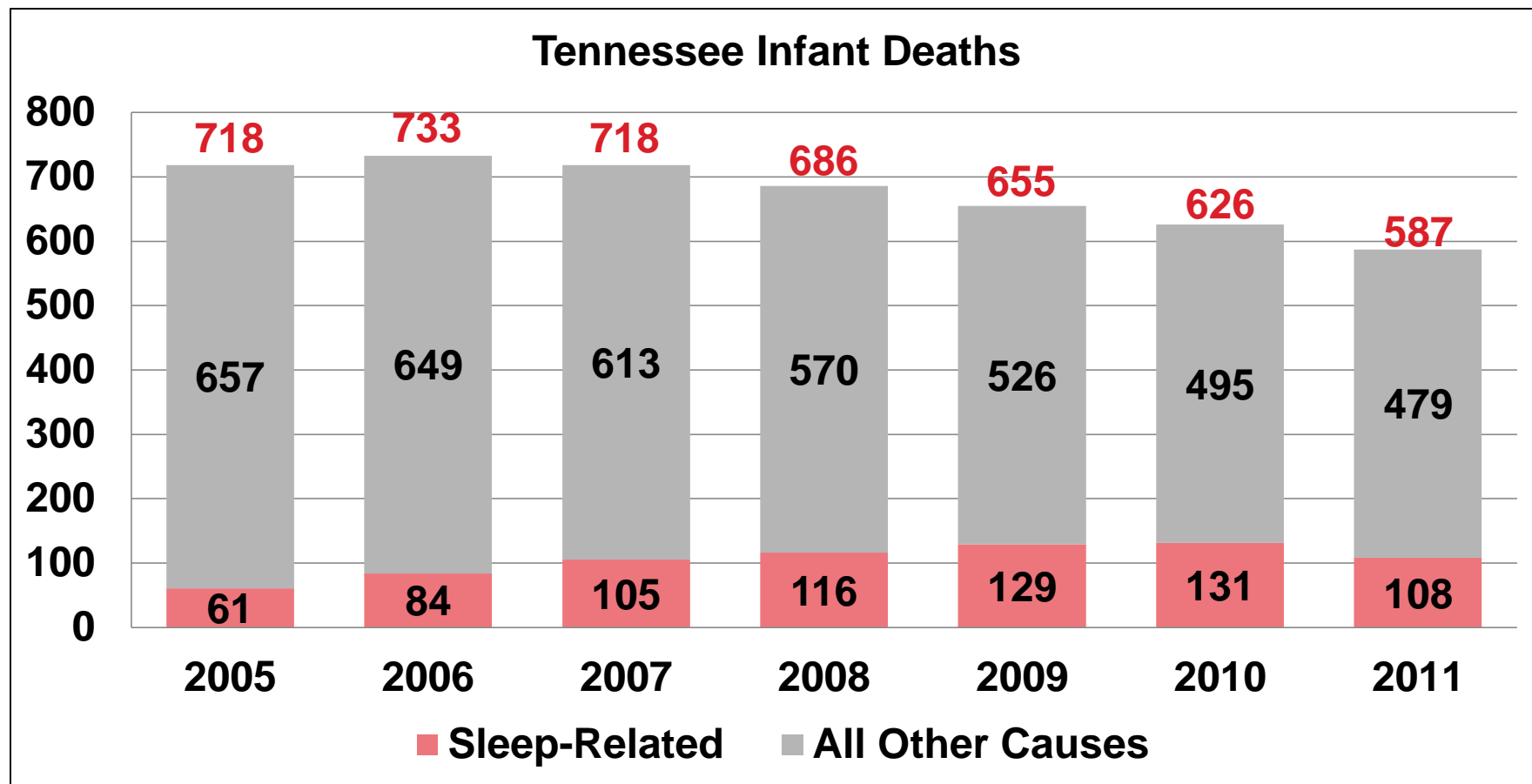
Infant Mortality Trends 2005-2011

Tennessee vs. United States

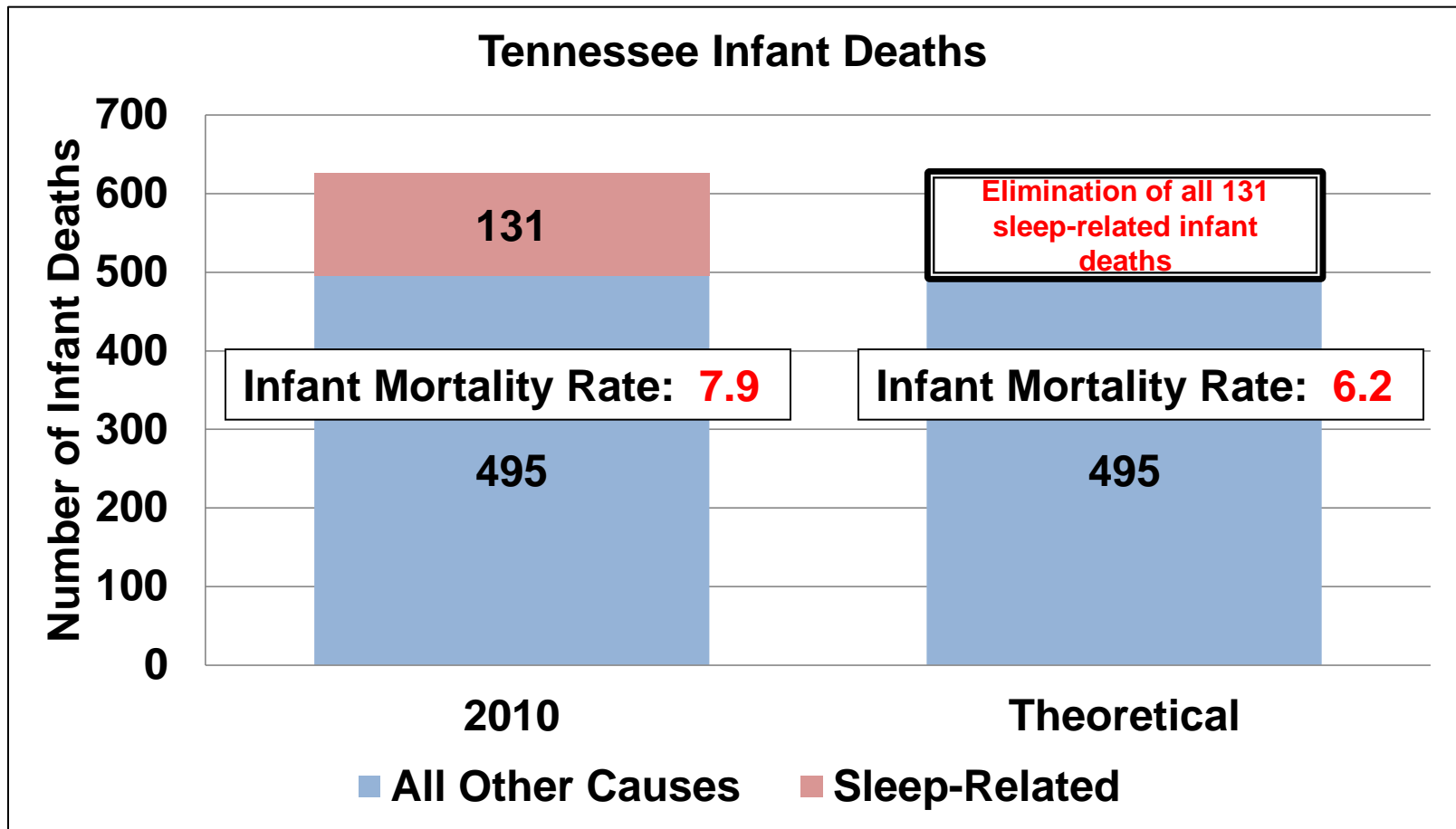


Sources: Tennessee Department of Health, Division of Health Statistics; Centers for Disease Control and Prevention, National Center for Health Statistics.

Infant Mortality Trends 2005-2011

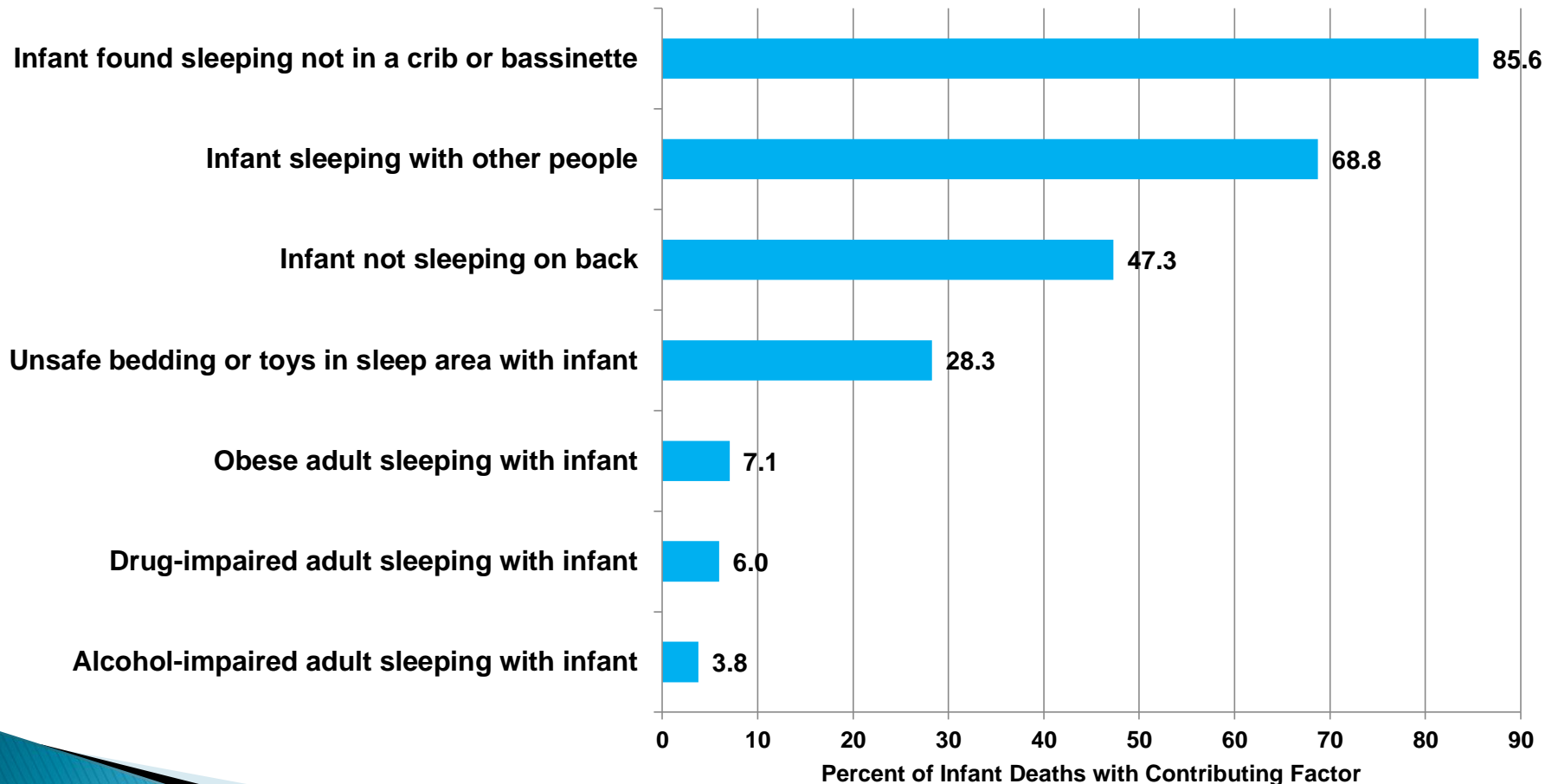


Impact of Eliminating Sleep-Related Deaths



Tennessee Sleep-Related Deaths

Contributors to Sleep-Related Deaths (2009-2011)



Source: Tennessee Child Fatality Review, 2009-2011.

*Multiple factors may have contributed to each death, therefore percentages do not sum to 100 percent.

Safe Sleep Campaign Materials

- ▶ Radio PSA
 - Distributed throughout Tennessee
 - Contract with Tennessee Broadcasters Association
- ▶ Bus Ads
 - Memphis
 - Nashville
 - Chattanooga



Remember the ABC's of Safe Sleep:

Babies should sleep **A**lone,
on their **B**ack, and in a **C**rib

safesleep.tn.gov

 **Safe Sleep**
For Your Baby

Safe Sleep For Your Baby



No Toys
in Crib

Do Not
Smoke

No
Bumper Pads
or Pillows
in Crib

Put Baby
to Sleep
in Crib

Use a
Tight Fitting
Sheet

Put Baby
on Back
to Sleep

Baby Should
Sleep on a Firm
Mattress

Do Not
Overheat or
Overdress

Remember the **ABC's** of Safe Sleep:

Babies should sleep **A**lone, on their **B**ack, and in a **C**rib.

Tennessee Department of Health
safesleep.tn.gov

Department of Health Authorization No. 343122 No. of copies: 20,000. This public document was promulgated at a cost of \$ 0.15 per copy. 09/12

Safe Sleep For Your Baby



Did You Know?

Every year, many Tennessee babies
die from sleep-related causes.

Most of these deaths are preventable.



The following guidelines to prevent sleep-related deaths are
recommended by the American Academy of Pediatrics:

- Always place babies on their backs to sleep at night and at nap time. Babies who sleep on their backs are less likely to die of Sudden Infant Death Syndrome (SIDS).
- Babies should always sleep in a crib. The safest place for a baby is in the same room as the parents but alone in a separate sleep area.
- Keep loose objects, soft toys, and bedding out of the baby's sleep area. Do not use pillows and blankets in a baby's sleeping area. A baby should sleep in a crib with only a tight fitting sheet.
- Avoid letting your baby overheat during the night. A baby should be dressed lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.
- Do not use crib bumpers. These do not reduce injuries and can cause suffocation.
- Avoid smoking. Both maternal smoking during pregnancy and secondhand smoke after birth should be avoided.
- Breastfeeding is recommended for at least the first six months of life. Breastfeeding is associated with a reduced risk of SIDS.



Remember the
ABC's of Safe Sleep:
Babies should sleep
Alone, on their **B**ack,
and in a **C**rib.

Tennessee Department of Health
safesleep.tn.gov

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Safe Sleep

For Your Baby



Do Not Smoke



No Toys in Crib



Put Baby to Sleep in Crib



Put Baby on Back to Sleep



No Bumper Pads or
Pillows in Crib



Use a Tight Fitting Sheet



Do Not Overheat or Overdress



Baby Should Sleep
on a Firm Mattress

Remember the **ABC's** of Safe Sleep:
Babies should sleep **A**lone, on their **B**ack, and in a **C**rib.

Tennessee Department of Health
safesleep.tn.gov



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ABC



Safe Sleep for Me

Website: <http://safesleep.tn.gov>



The screenshot shows a web browser window with the address bar displaying <http://safesleep.tn.gov/>. The website has a blue header with the Tennessee state seal on the left and the Department of Health logo on the right, featuring Governor Bill Haslam. The main content area is titled "Safe Sleep for Your Baby" and includes a search bar. On the left, a sidebar lists navigation options: Safe Sleep Tips, Tennessee Statistics, Safe Sleep Campaign Materials, Safe Sleep Links, Newsroom, Sitemap, HOME, and Related Topics. The central content area features a "Did You Know?" section with a cartoon sheep icon, stating that babies should sleep ALONE, on their BACK, and in a CRIB. It mentions that 131 babies died in Tennessee in 2010 from sleep-related deaths and that most were preventable. Below this is a photo of a baby. To the right is a purple "Safe Sleep CHECKLIST" with the following items: Do not smoke, No toys in crib, Put baby to sleep in crib, Put baby on back to sleep, No bumper pads or pillows in crib, Use a tight fitting sheet, Do not overheat or overdress, and Baby should sleep on a firm mattress. At the bottom of the checklist, it says "Check the tips you currently use to see how you rate." On the far right, there are sections for "Follow Us On" (with YouTube, Twitter, Facebook, and LinkedIn icons), "Featured Sites", "Agency Services", and "TN.gov Services" (including Renew Driver License, Renew Health License, Renew Professional Non-health License, and Reserve at State Parks).

Department of Health
John J. Dreyzehner, MD, MPH, Commissioner

GOVERNOR
Bill Haslam
Visit Bill's Web Site

Safe Sleep for Your Baby

Safe Sleep Tips
Tennessee Statistics
Safe Sleep Campaign Materials
Safe Sleep Links
Newsroom
Sitemap
HOME
Related Topics
More »

Did You Know?

Babies should sleep ALONE, on their BACK and in a CRIB.

131 babies died in Tennessee in 2010 from sleep-related deaths.

Most of these deaths were preventable.

Safe Sleep CHECKLIST

- Do not smoke
- No toys in crib
- Put baby to sleep in crib
- Put baby on back to sleep
- No bumper pads or pillows in crib
- Use a tight fitting sheet
- Do not overheat or overdress
- Baby should sleep on a firm mattress

Check the tips you currently use to see how you rate.

Follow Us On
YouTube Twitter Facebook LinkedIn

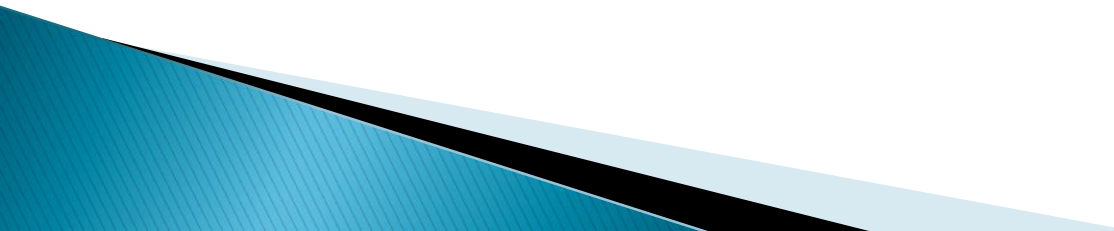
Featured Sites

Agency Services

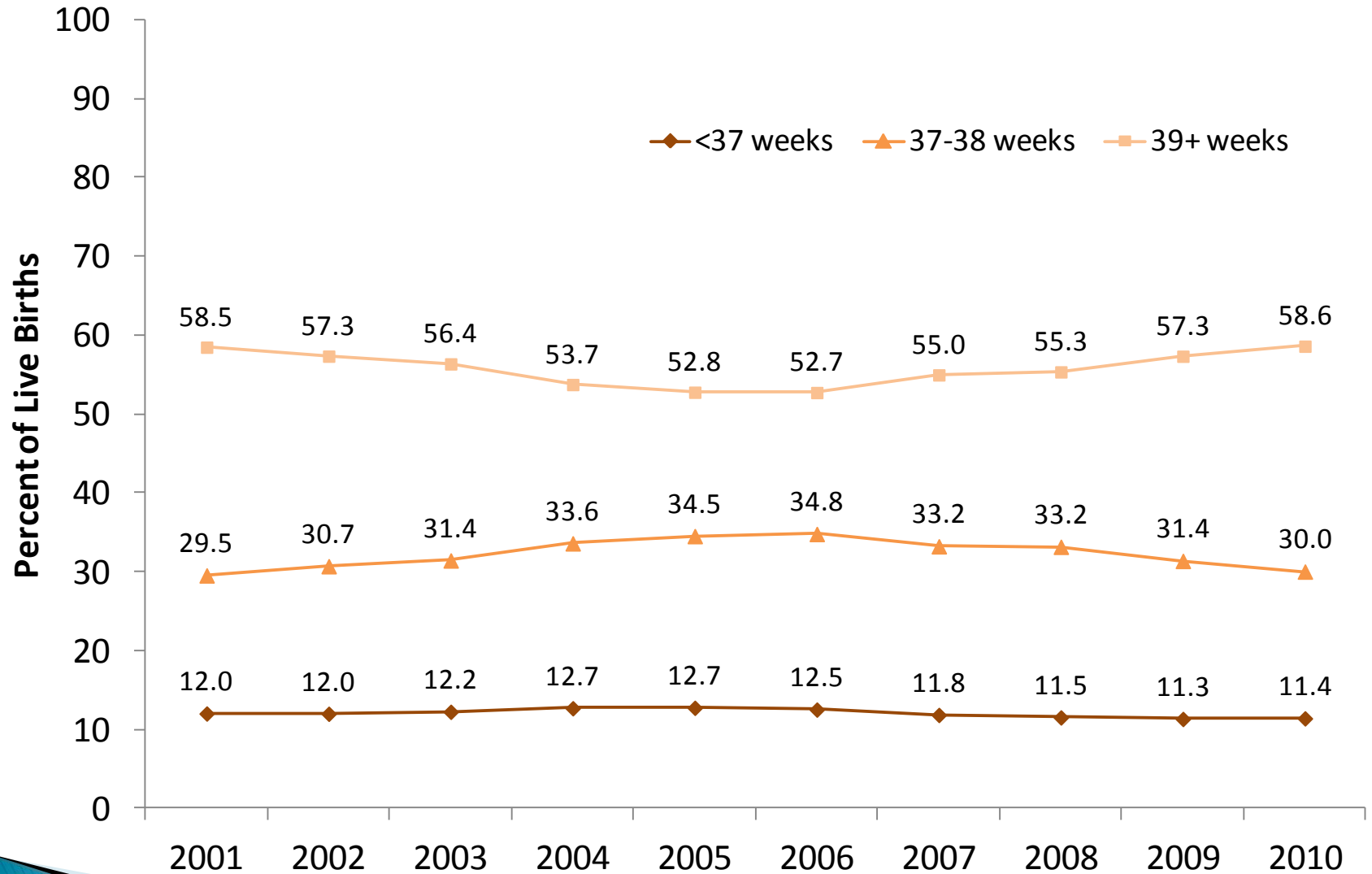
TN.gov Services
Renew Driver License
Renew Health License
Renew Professional Non-health License
Reserve at State Parks
More »

TN.gov Services | TN.gov Directory | Web Policies | Accessibility | Web Awards | Survey | Open Government

Prematurity in TN

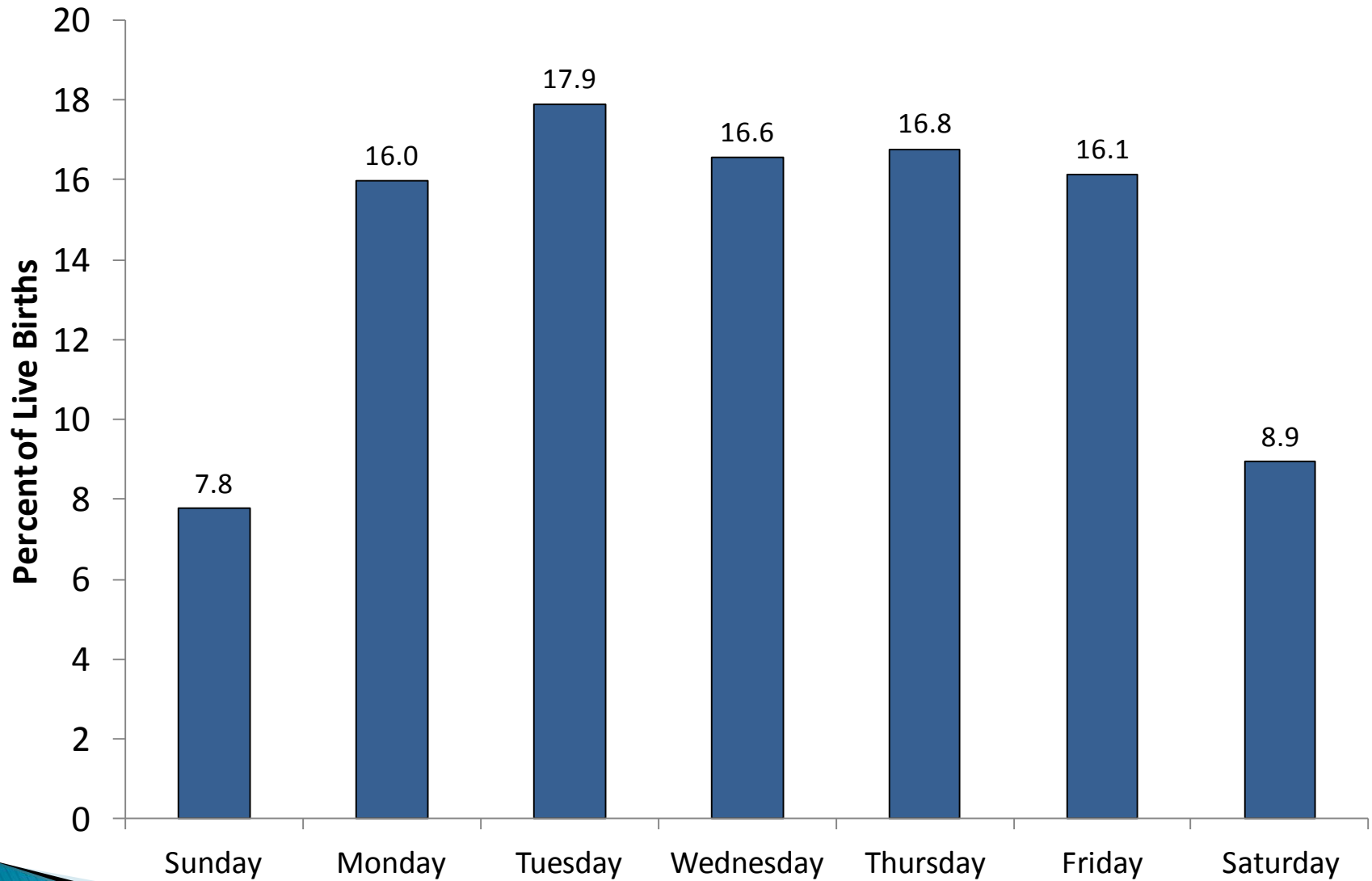
- ▶ In 2010, 11.4 percent of infants were born premature (1 in 8)
 - ▶ Prematurity and low birth weight are major contributors to Tennessee's high infant mortality rate
 - ▶ TN signed on to ASTHO President's Challenge in 2012
- 

Births by 3-Level Gestational Age Tennessee, 2001-2010



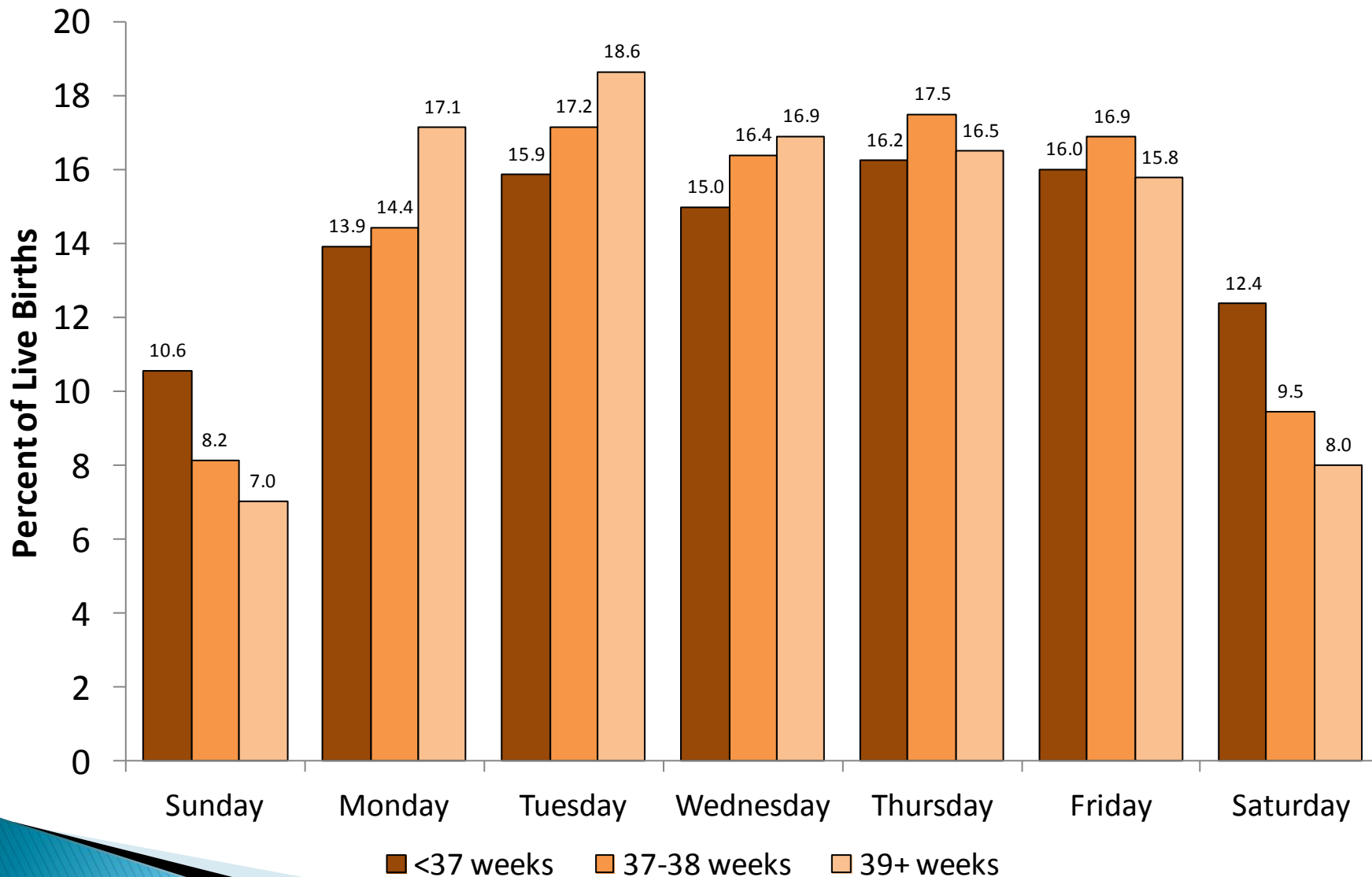
Data source: Tennessee Department of Health; Office of Health Statistics; Birth Statistical System. Gestational age was based on estimated/clinical gestational age. If estimated gestational age was missing or invalid (<17 weeks or >49 weeks), generated gestational age (based on last menstrual period) was substituted.

Births by Day of Week Tennessee, 2010



Data source: Tennessee Department of Health; Office of Health Statistics; Birth Statistical System. Gestational age was based on estimated/clinical gestational age. If estimated gestational age was missing or invalid (<17 weeks or >49 weeks), generated gestational age (based on last menstrual period) was substituted.

Births by Day of Week and 3-Level Gestational Age Tennessee, 2010



Data source: Tennessee Department of Health; Office of Health Statistics; Birth Statistical System. Gestational age was based on estimated/clinical gestational age. If estimated gestational age was missing or invalid (<17 weeks or >49 weeks), generated gestational age (based on last menstrual period) was substituted.

Healthy Babies Are Worth the Wait

- ▶ Tennessee Partnership:
 - Tennessee Department of Health
 - March of Dimes
 - Tennessee Hospital Association
 - Tennessee Initiative for Perinatal Quality Care (TIPQC)





Healthy Babies Are Worth the Wait

- ▶ Public Awareness Campaign
 - Prematurity Awareness Month
 - Bus Wraps
 - Television Ads
 - Website
- ▶ Hospital/Provider Initiatives
 - THA Hospital Engagement Network
 - TIPQC Project to Reduce Elective Deliveries Before 39 Weeks

Website: <http://healthytennesseebabies.com>

Monday, January 21, 2013

Share This Page:  

Healthy Tennessee Babies Are Worth The Wait!

← Know someone
who's pregnant?

Lots of important things are happening with your baby in the last few weeks of pregnancy. If your pregnancy is healthy, wait for labor to begin on its own. It will be the best birth day present you could ever give your child.

There's a *BIG* difference in your baby's development over the last few weeks.

35 weeks



40 weeks



Example of Bus Wrap

- ▶ To run in Memphis
 - 13 buses
 - November-February



Hospital Partnerships

- ▶ Joint letter from Health Department, Hospital Association, Perinatal Quality Collaborative, and OB/MFM leaders
- ▶ Hospitals asked to:
 - Sign public commitment pledge
 - Submit monthly performance data on JC Perinatal Core Measure 1
 - Adopt organizational "hard stop" policy
- ▶ 49 hospitals have signed on to date

Hospital Engagement Network (HEN) Data

